

04/19/04

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|                      |       |          |
|                      | Class | Subclass |
| ISSUE CLASSIFICATION |       |          |

PATENT NUMBER

## U.S. UTILITY Patent Application

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| O.I.P.E.<br>SCANNED <i>KC</i> Q.A. <i>MT</i> | PATENT DATE |
|--|-------------|

|                              |            |              |                 |                          |                     |
|------------------------------|------------|--------------|-----------------|--------------------------|---------------------|
| APPLICATION NO.<br>09/837189 | CONT/PRIOR | CLASS<br>210 | SUBCLASS<br>091 | ART UNIT<br>1723<br>1724 | EXAMINER<br>Cintins |
|------------------------------|------------|--------------|-----------------|--------------------------|---------------------|

|            |                 |
|------------|-----------------|
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On-site biological treatment of contaminated fluids

PTO-2040  
12/89[illegible]

|   |  |  |                                   |                      |
|---|--|--|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b><br>Sheets Drwg.      Figs. Drwg.      Print Fig. |  | <b>CLAIMS ALLOWED</b>             |                      |
|   |  |  | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner)      (Date)                        |  | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____ |  |  | <b>ISSUE FEE</b>                  |                      |
|   |  |  | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner)      (Date)                |  | <b>ISSUE BATCH NUMBER</b>         |                      |

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